



TOWN OF LOS GATOS

YOUTH COMMISSION APPLICATION

Submit to: Clerk Department

110 East Main Street, P.O. Box 949, Los Gatos, CA 95031

Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: clerk@losgatosca.gov

Please type or print legibly

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* If appointed, this information will be made available to the public.	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Grade Level will be attending for fall school year.	
A separate application is required for each Commission. Please list other Commissions you are applying to: _____ _____		

Signature: _____

Date: _____

Name of applicant: _____

1. Why are you interested in serving on the Youth Commission? _____

2. Tell us about your skills, experience or interests that you feel would assist us in considering your application. _____

3. Please list your current commitments. _____

4. How many weekday hours per month would you be able to commit to the Youth Commission? Please circle one or fill in "other."

1-3 hours

4-6 hours

7-9 hours

10+ hours

Other _____

5. What do you see as important issues for the youth in Los Gatos? _____

6. Have you ever attended a Youth Commission meeting? _____. If so, please provide a summary of your observations of the meeting. _____
